PARTNERSHIPS · POSSIBILITIES · PEOPLE · 2013

Habits of Highly Effective Counselors when Treating Problem Gambling

Ken Winters, Ph.D., Dept. of Psychiatry, University of Minnesota

WEST VIRGINIA Department of **Health & Human Resources**

BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
350 Capitol Street, Room 350
Charleston, WV 25301
304-558-0627

Our group has studied problem gamblers since 1991
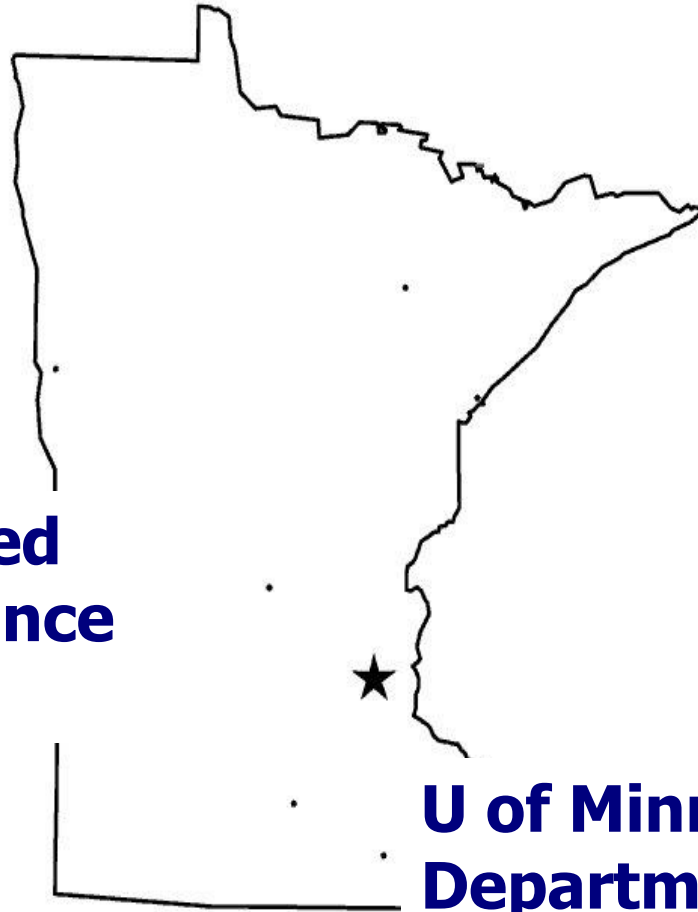
U of Minnesota, Department of Psychiatry

Resources

Problem Gamblers and Their Finances: A Guide for Treatment Professionals (2000). Washington DC: National Council on Problem Gambling.

Pathological Gambling: A Clinical Guide to Treatment (Grant & Potenza, editors) (2004). Washington DC: American Psychiatric Association.

Pathological Gambling: Etiology, Comorbidity, and Treatment (Petry) (2005). Washington DC: American Psychological Association.

Today's Talk

Background

Habit #1 : Definition, symptoms, & etiology

Clinical issues

Habit #2: Assessment

Habit #3: Co-existing disorders

Habit #4: Intervention and treatment

Today's Talk

Background

　Habit #1: Basic Understanding the definition, symptoms, & etiology

- Clinical issues
  - Habit #2: Assessment
  - Habit #3: Co-existing disorders
  - Habit # 4: Intervention and treatment

The Addictive Disorders Cluster

Gambling Disorder

Tobacco Addiction

Drug Addiction

Addictive Disorders

Sex Addiction

OCD

Alcoholism
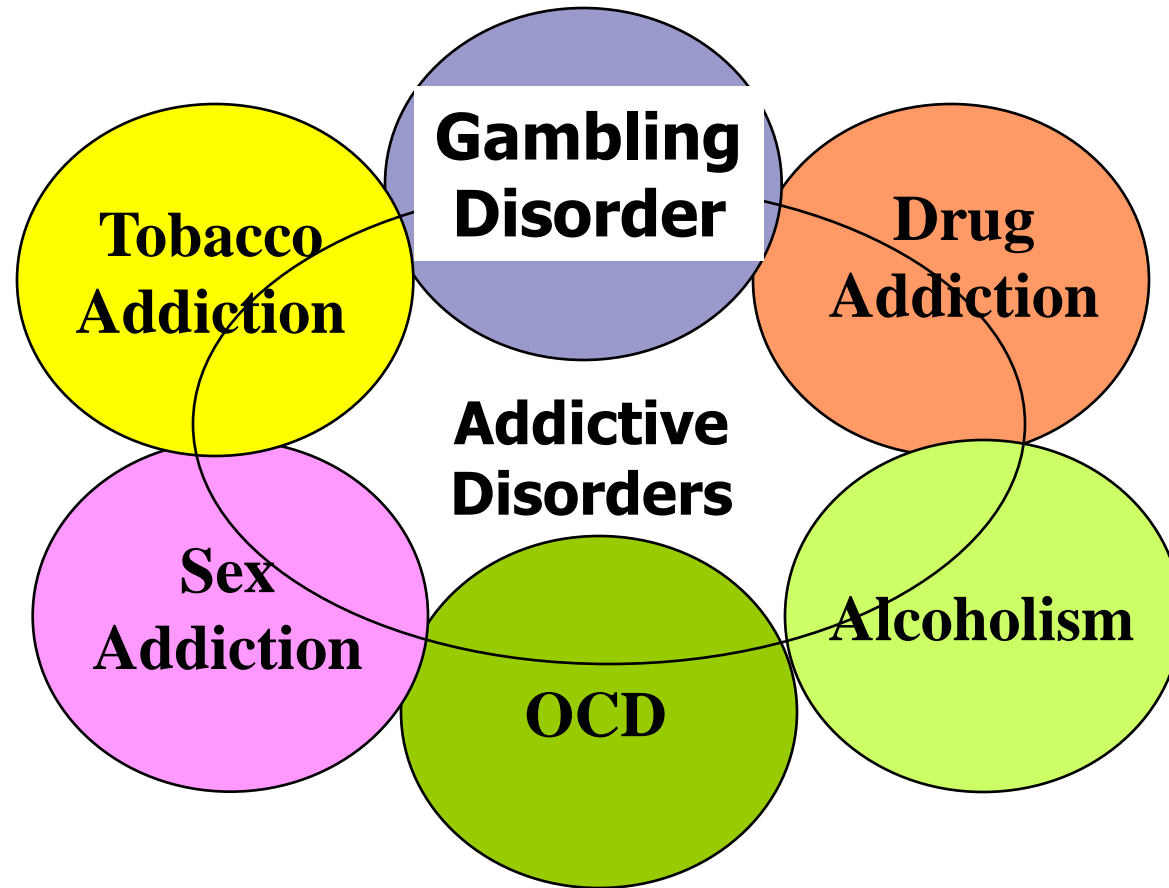
Terminology

DSM-5 Gambling Disorder (GD) **now part of *Substance Use and Addictive Disorders* category**
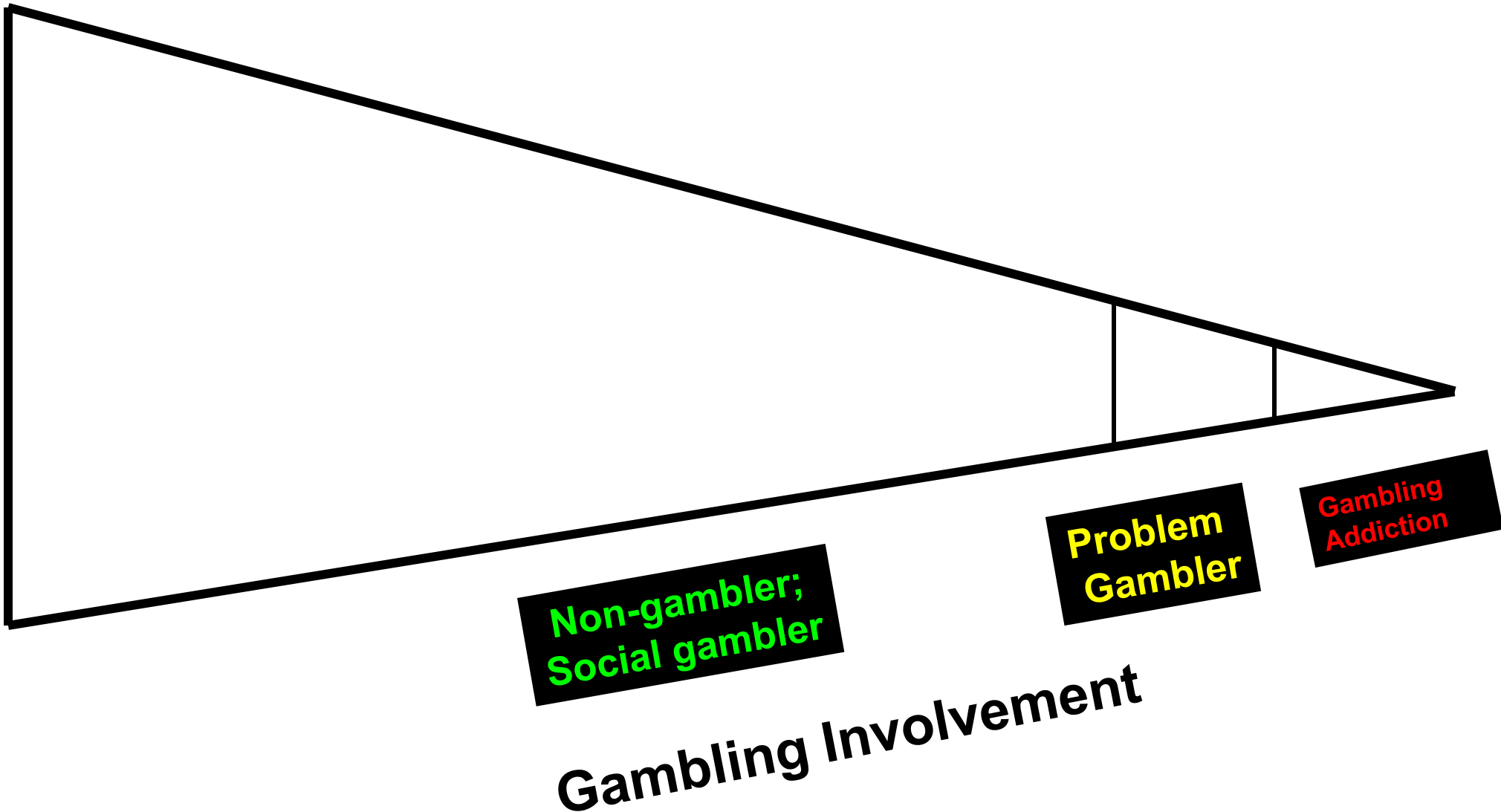
Similar terms:

Pathological gambling
Disordered gambling
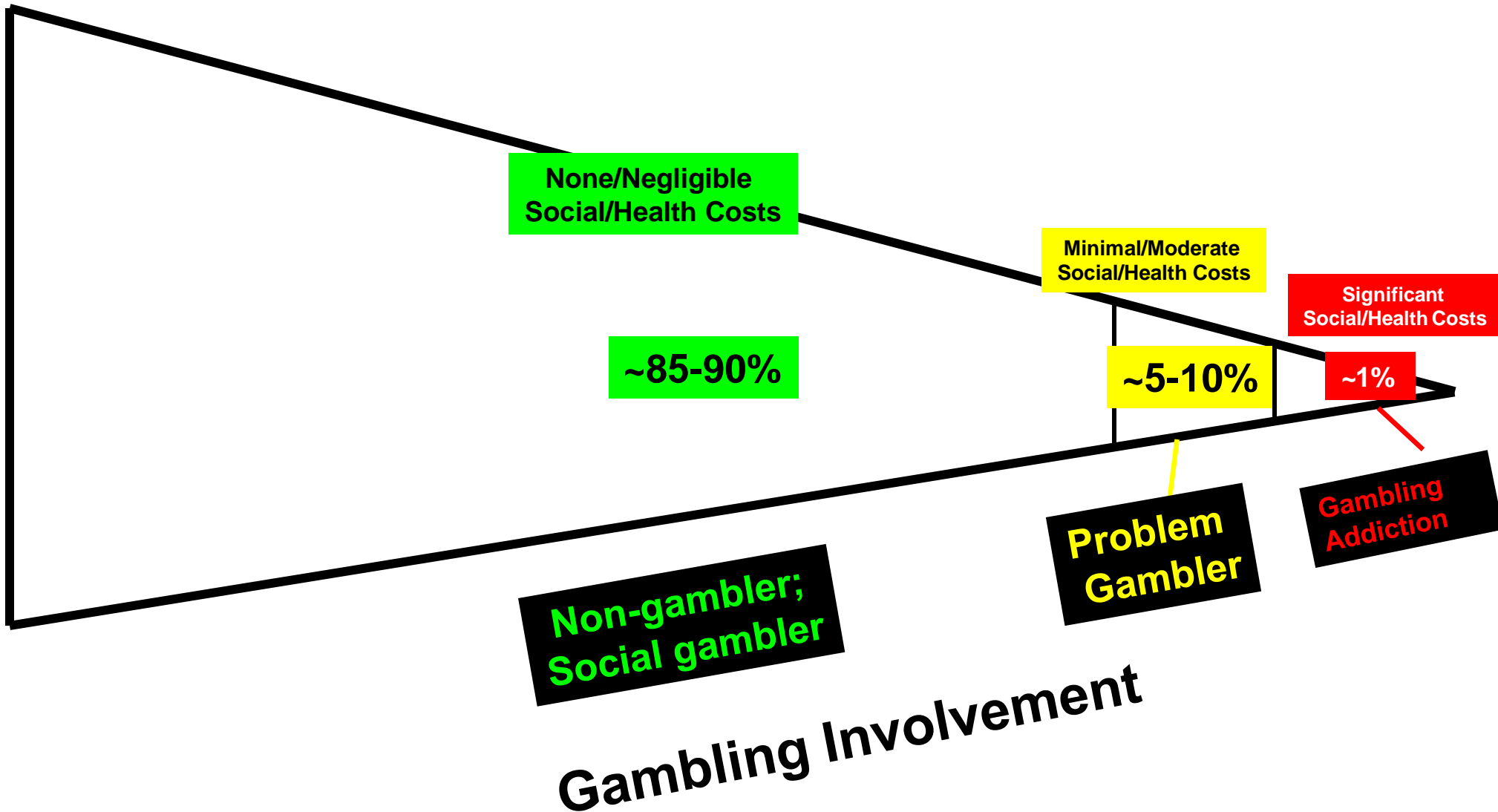**Addictive gambling**
Compulsive gambling
Level 4

Gambling Severity and Costs

Adapted from <u>Broadening the Base of Alcohol Treatment</u> (IOM)
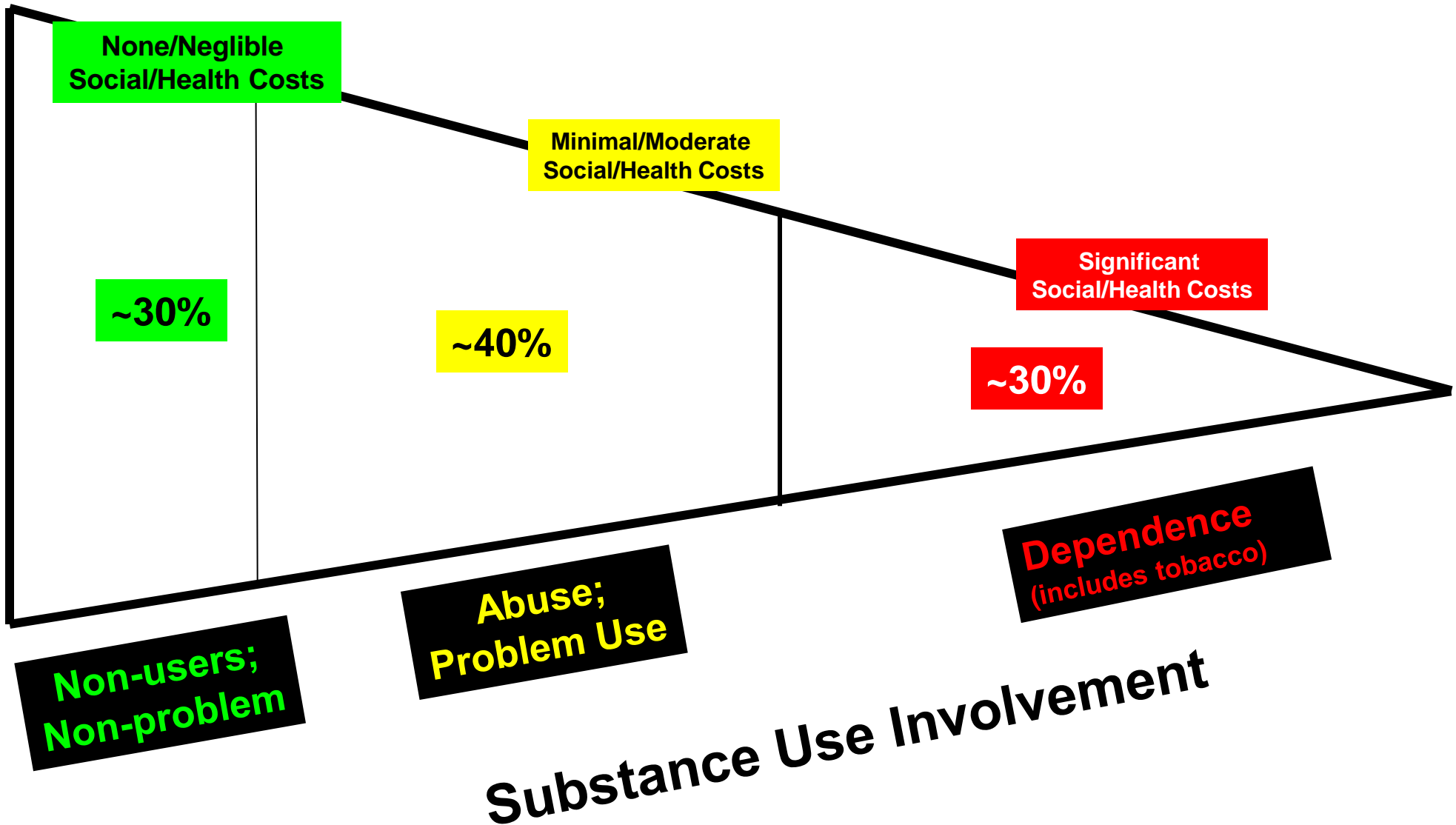

Non-gambler; Social gambler

Problem Gambler

Gambling Addiction

Gambling Involvement

Gambling Severity and Costs

Adapted from <u>Broadening the Base of Alcohol Treatment</u> (IOM)

None/Negligible
Social/Health Costs

Minimal/Moderate
Social/Health Costs

Significant
Social/Health Costs

~85-90%

~5-10%

~1%

Non-gambler;
Social gambler

Problem
Gambler

Gambling
Addiction

Gambling Involvement

Substance Use Severity and Costs

Adapted from <u>Broadening the Base of Alcohol Treatment</u> (IOM)

None/Neglible Social/Health Costs

Minimal/Moderate Social/Health Costs

Significant Social/Health Costs

~30%

~40%

~30%

Non-users; Non-problem

Abuse; Problem Use

Dependence (includes tobacco)

Substance Use Involvement

Source of Slide:
Howard Shaffer, Ph.D

Roseville mom charged with child neglect

By PAT PHEIFER
ppheifer@startribune.com

It was 7 degrees with a windchill of 5 below zero when a 4-year-old Roseville girl dressed in a thin T-shirt and socks was found running along a snowbank outside an apartment building in late January, court documents said.

When the girl's mother was found, she initially told police she'd spent the night at a friend's house and asked another friend to baby-sit the girl and her 12-year-old brother. She later said she'd spent the night at Mystic Lake Casino and hadn't found anyone to watch the children, the documents said.

Angela M. Johnson, 35, of Roseville, has been charged in Ramsey County District Court with one count of child neglect, a gross misdemeanor.

According to the criminal complaint, which was made public Friday, a woman called police about the 4-year-old at 8:45 a.m. Jan. 25.

When officers arrived, the girl told them her hands and feet hurt, her mother had gone to their grandmother's house and her brother had left for school. She didn't know her last name, her brother's name or what school he attended, the complaint said.

Officers found the girl's apartment and learned her name. She did not suffer frostbite or other injuries, the documents said.

Johnson called police when she returned home about 10:30 a.m.

After telling one story, Johnson then admitted she'd spent the night at the casino and "had assumed her son would stay home [from school] until she arrived," the complaint said.

The Roseville case is the most recent of a string of cases in which children have been left to fend for themselves or have been found outside improperly dressed and without supervision.

Pat Pheifer • 651-298-1551

Changes in the New DSM-5 System for the Problem Gambling Construct

Term

Old: *Pathological Gambling*

New: *Gambling Addiction*

Where classified

Old: *Impulse Control Disorder, Not Classified Elsewhere*

New: *Substance Use and Addiction Disorders*

Criteria

Old: 10 criteria; 5+ needed for diagnosis

New: 9 criteria; 4+ needed for diagnosis

DSM-5 Gambling Disorder

Frequencies for Diagnostic Variables (*N* = 835; adapted from Stinchfield et al., 2000)

DSM-5 Symptoms	Total %	Males %	Females %
Preoccupation	87	84	92
Need to increase	68	64	75
Unsuccessful controlling	84	82	88
Restless cutting down	73	73	73
Escaping from problems	79	72	89
Chasing loses	84	82	86
Personal negative conseq.	89	84	97
Reliance on others	78	73	84
DSM-IV - Legal problems	46	44	50

Similarities of Gambling Disorder and Dependence

Gambing Disorder

Preoccupation with gambling

Need to gamble more

Unsuccessful control/stop

Restless when cut down/stop

Chases loses

Jeopardized relationships/job

Dependence

Great deal time using/obtaining

Tolerance

Unsuccessful control/stop

Withdrawal

Drug taken in larger amounts

Important social/occupational given up or reduced

Quiz

How likely are <u>females</u> more than males to …

1. **Become a problem gambler?** more less same
2. **Spend more time gambling?** more less same
3. **Start gambling at older age?** more less same
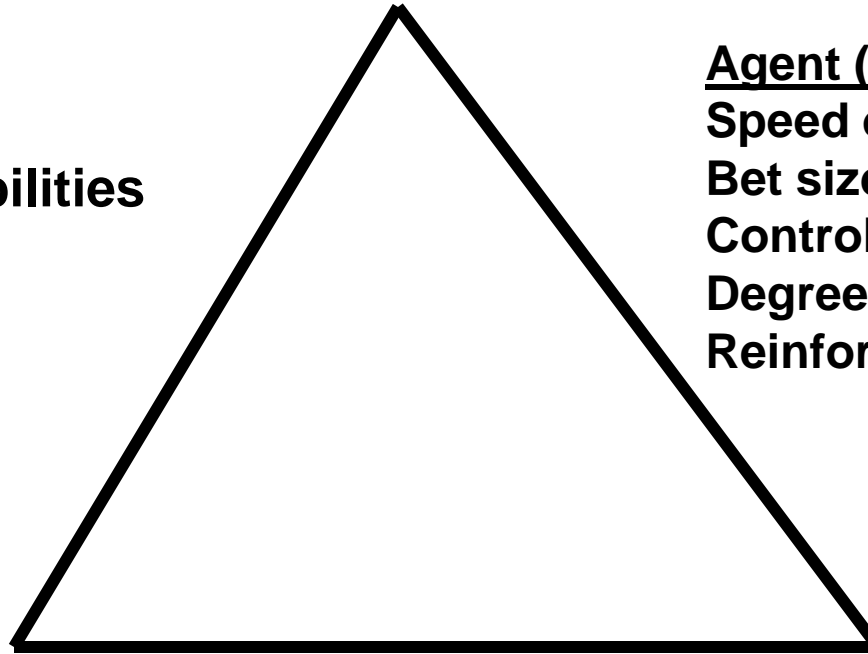4. **Seek treatment?** more less same

Etiology: Public Health View

Host (Gambler)
Coping style
Psych. vulnerabilities
Impulsive traits
Demographics
Early gambling
Biology

Agent (Gambling device; game)
Speed of play
Bet size
Controls
Degree of action, stimulus
Reinforcement schedule

Environment
Social culture; political
culture; gaming venue; family culture;
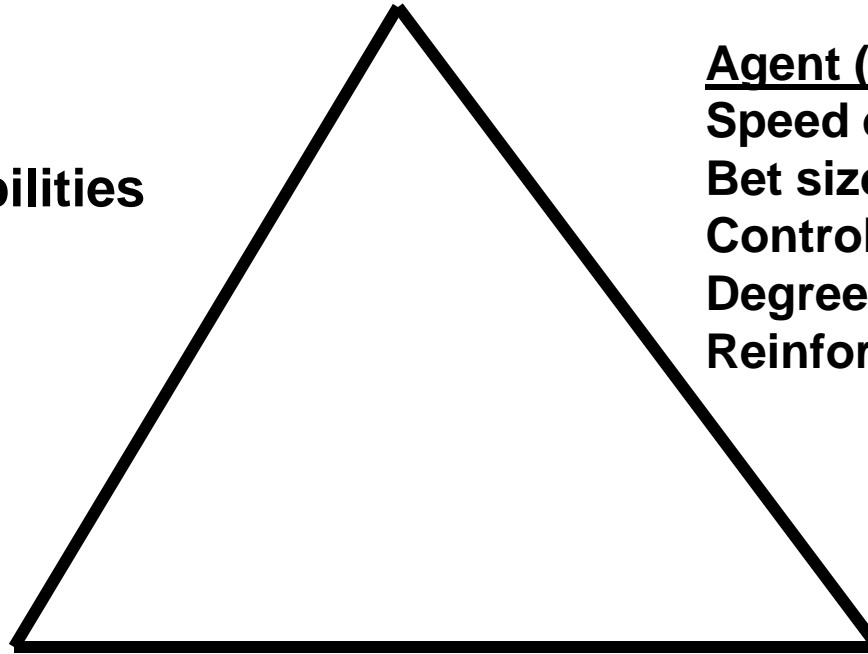**availability; environmental stressors**

Etiology: Public Health View

Host (Gambler)
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Agent (Gambling device; game)
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Environment
Social culture; political culture; gaming venue; family culture; availability; environmental stressors

New gambling plan passes Senate with Emanuel help

May 02, 2013 | By Ray Long and Bill Ruthhart, Chicago Tribune reporters

Etiology: Public Health View

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Demographics
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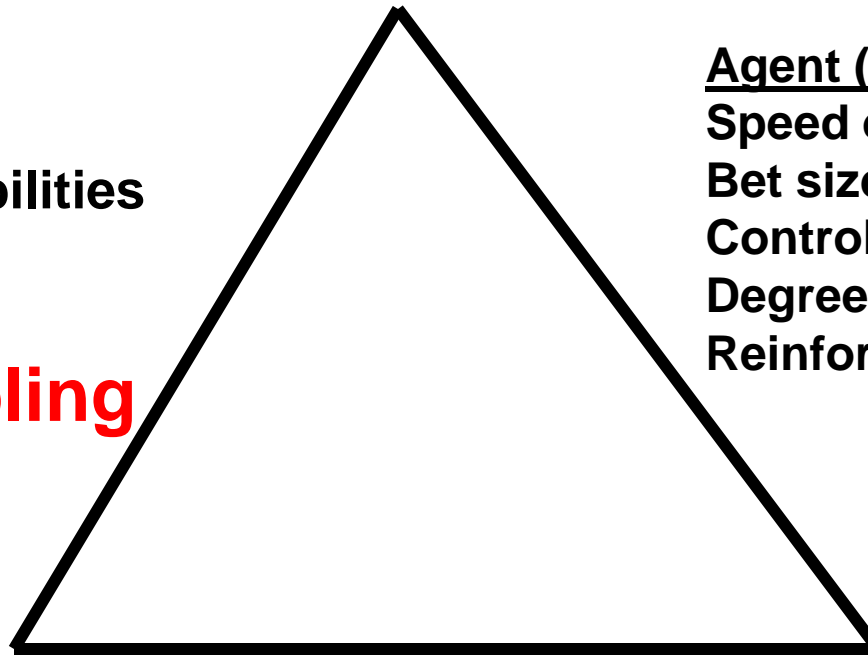**Agent (Gambling device; game)**
Speed of play
Bet size
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Degree of action, stimulus
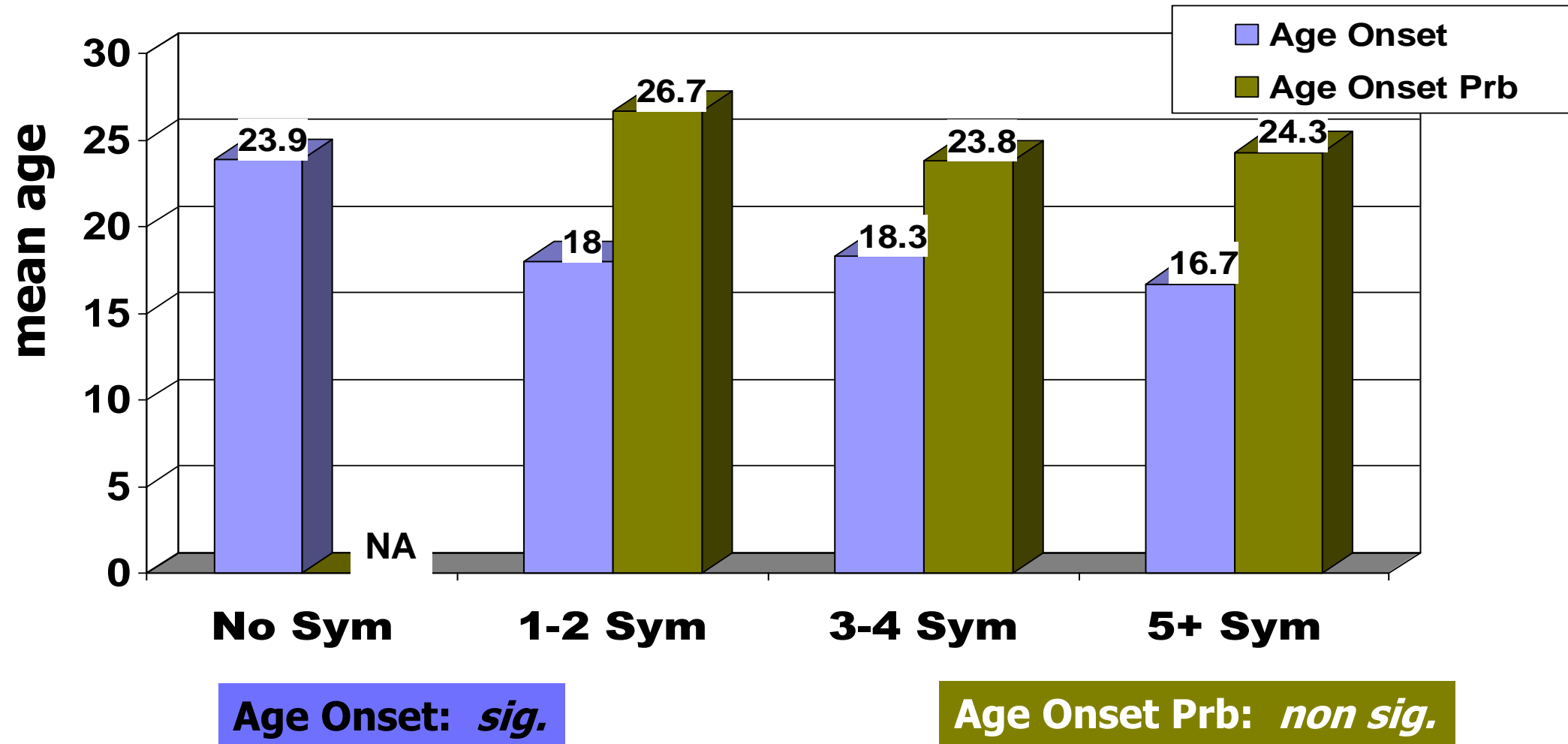**Reinforcement schedule**

Environment
Social culture; political
culture; gaming venue; family culture;
availability; environmental stressors

Onset of Gambling Variables and Number of Lifetime Symptoms (Kessler et al., 2008)

Etiology: Public Health View

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Childhood Self-Control (Age 3) as a Predictor of Adult (Age 21) Problem Gambling (Slutske et al., in press)

undercontrol group > gambling

Etiology: Public Health View

Host (Gambler)
Coping style
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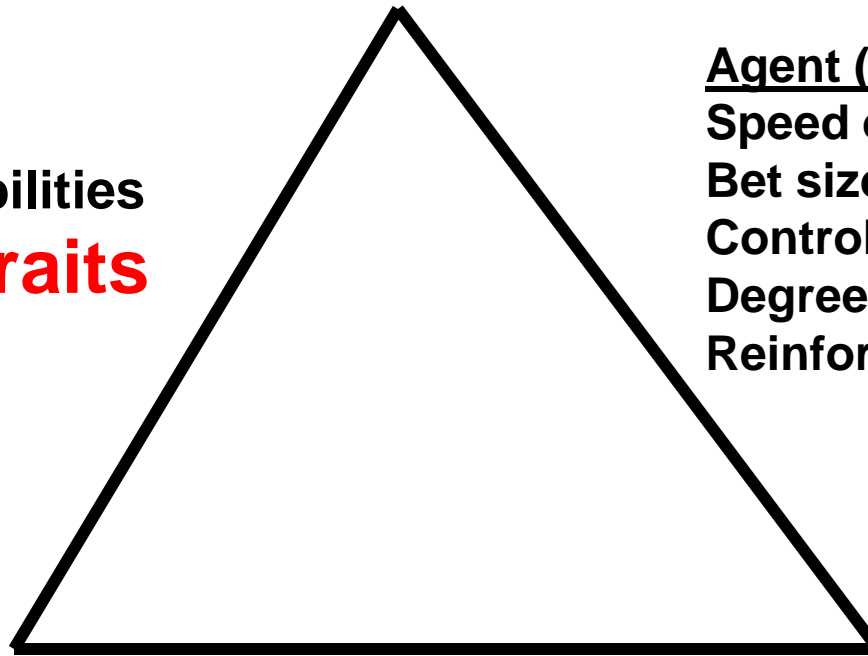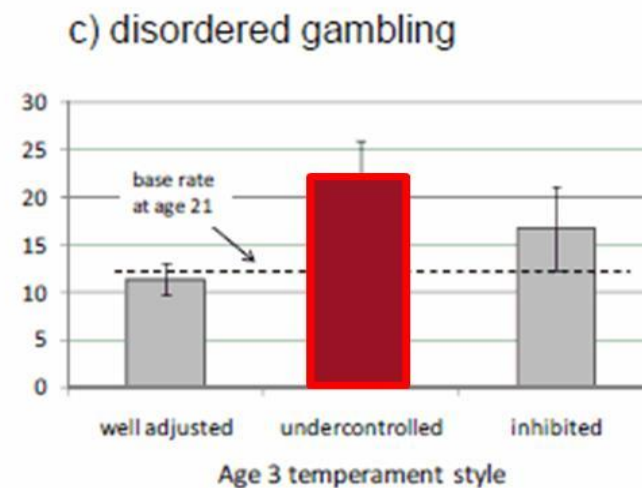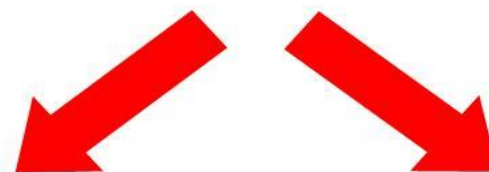**Agent (Gambling device; game)**
Speed of play
Bet size
Controls
Degree of action, stimulus
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Social culture; political
culture; gaming venue; family culture;
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Lifetime Psychiatric Disorders Among Those with a Lifetime Pathological Gambling Disorder
(Petry et al., 2005)
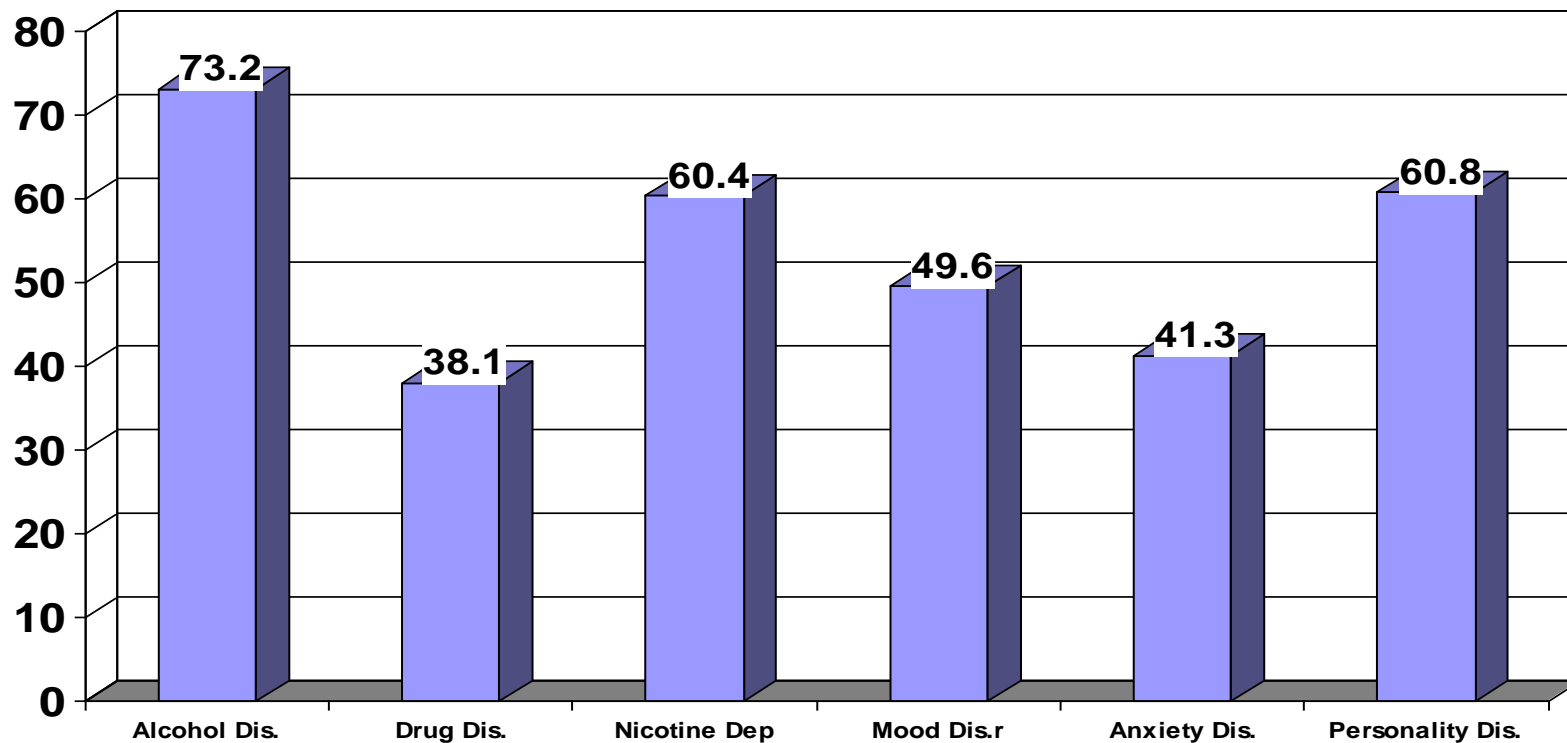
Note: Data based on a nationally representative sample of U.S. households (N = 43, 093), age 18 and older, interviewed 2001- 2002.   Lifetime prevalence of PG was 0.42%

Etiology: Public Health View

Host (Gambler)
Coping style
Psych. vulnerabilities
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Early gambling
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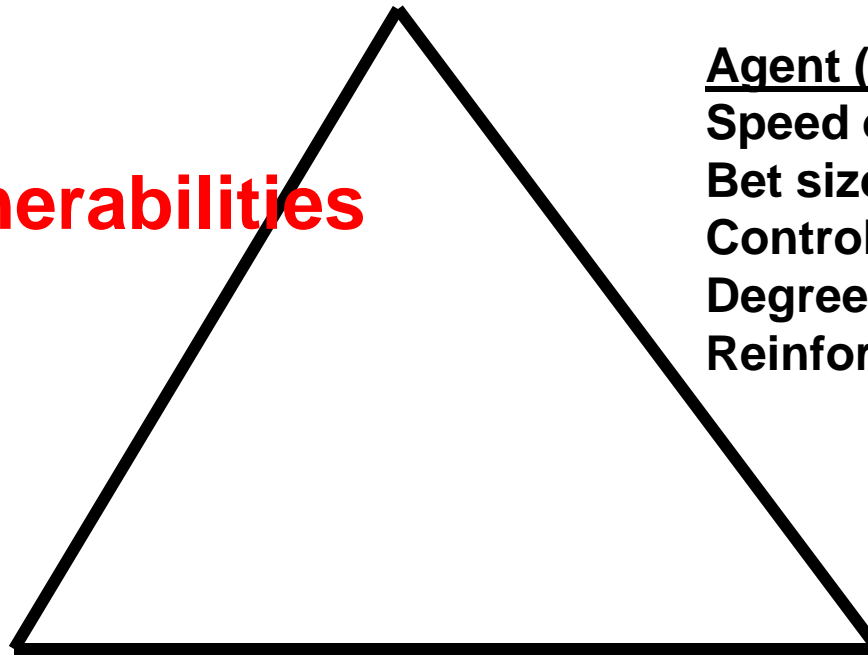**Agent (Gambling device; game)**
Speed of play
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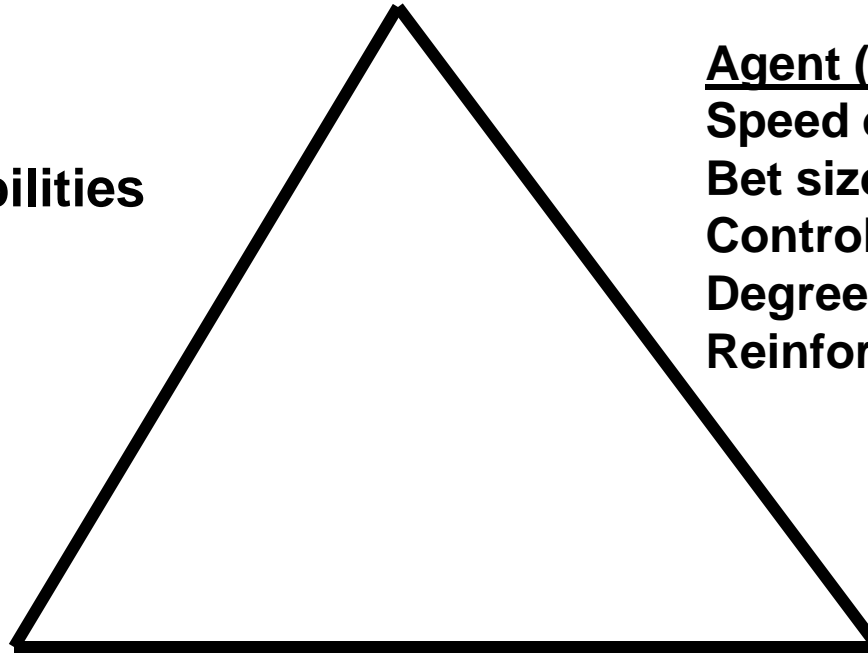**Environment**
Social culture; political
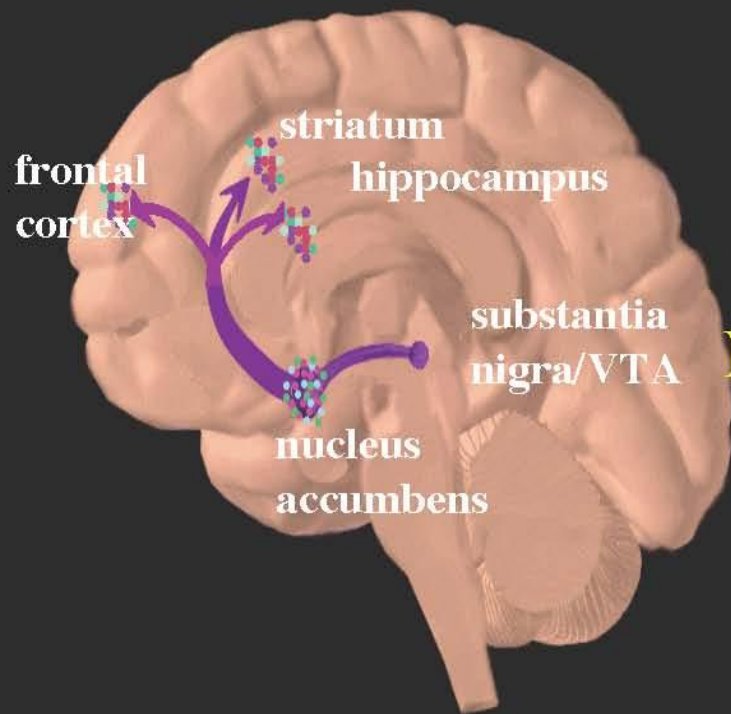**culture; gaming venue; family culture;**
availability; environmental stressors

Drugs of abuse and gambling involvement may engage the same systems in the *motivation* and *pleasure pathways of the brain*

Effects of Drugs on Dopamine Levels

Dopamine Pathways
Principal "Pleasure" System of the Brain

frontal cortex

striatum

hippocampus

substantia nigra/VTA

nucleus accumbens

AMPHETAMINE

Accumbens

1100
1000
900
800
700
600
500
400
300
200
100
0

% of Basal Release

DA

0   1   2   3   4   5 hr
Time After Amphetamine

COCAINE

Accumbens

400

300

200

100

0

% of Basal Release

DA

0   1   2   3   4   5 hr
Time After Cocaine

Source: Di Chiara and Imperato

Natural Rewards Elevate Dopamine Levels

FOOD
NAc shell

200

150

100

50

0

% of Basal DA Output

Empty
Box   Feeding

0   60   120   180
Time (min)

SEX

200

150

100

DA Concentration (% Baseline)

Copulation Frequency

15

10

5

0

Scr Scr   Scr   Scr
Bas Female 1 Present   Female 2 Present
1 2 3 4 5 6 7 8   9 10 11 12 13 14 15 16 17
Sample Number

Mounts
Intromissions
Ejaculations

Di Chiara et al.

Fiorino and Phillips
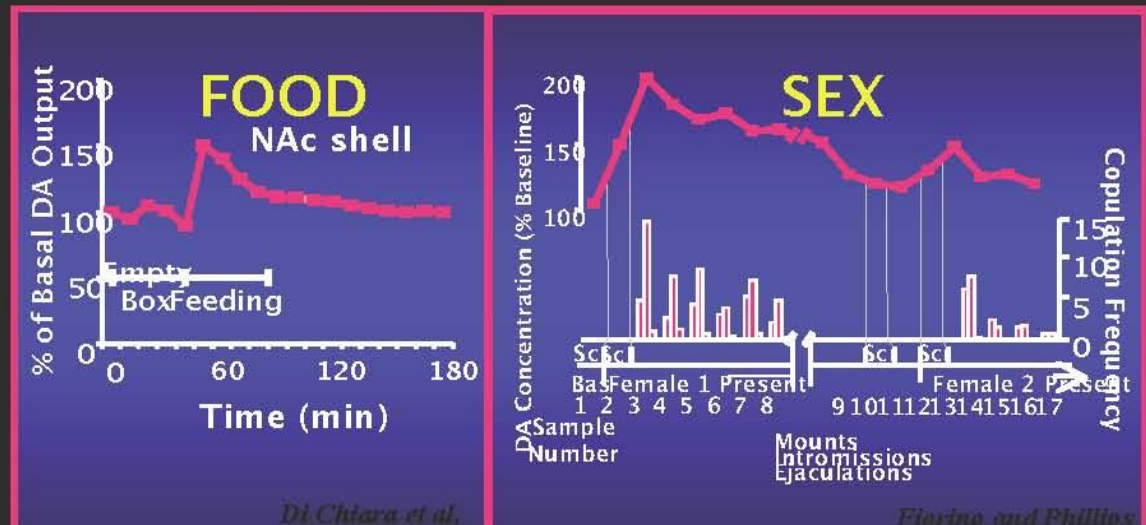
Quiz
Warning Signs at Home

There are overdue or unpaid _____.

The spouse/SO finds an _____ in the number of active credit cards

The gambler is _____ about money.

The spouse/SO discovers _____ cell phone calls on the phone bills.

The bank reports frequent _____ _____.

Take Home Points

Appreciate that PG is not simply a weakness of will power

Today's Talk

- Background

    Habit #1 : Understanding Definition, Symptoms, & Etiology

■ Clinical issues

Habit #2: Use standardized measures when assessing

- Habit #3: Co-existing disorders

- Habit # 4: Intervention and treatment

Ultimate Assessment Instrument

Do you have a gambling disorder?

Several assessment measures available to clinicians and researchers

Relatively Good News

Lie/Bet Screen

(Johnson et al., 1997)

2-question version of the DSM-IV criteria:

1. Have you ever had to <u>lie</u> to people important to you about how much you gambled?

2. Have you ever felt the need to <u>bet</u> more and more money?

Lie/Bet Screen

(Johnson et al., 1997)

Endorsing one or both questions had a hit rate of 95% (GA vs non-problem gamblers)

2-item outcome	GA	Controls
Positive	true+ : 190	false+ : 16
Negative	false- : 1	true- : 155

SOGS
(Lesieur & Blume, 1987; 1993)

- Screening tool that has been used for epidemiological and clinical purposes

- SOGS has accumulated the most research

- In the Shaffer et al. (1997) meta analysis of 152 prevalence studies, over half used the SOGS

- 20 scored items; several address sources of borrowing

- 6-month or one-year time frame recommended

GAMTOMS
(Stinchfield et al., 2000)

Gambling Treatment Admission Questionnaire

Significant Other Intake Questionnaire

Client Discharge Questionnaire

Client Follow-up Questionnaire

Significant Other Follow-up Questionnaire

Gambling Treatment Services Questionnaire

Distorted Cognitions

- **<u>Gambler fallacy's</u> (illusion of control)**

- **<u>Biased attribution</u> that winnings are caused by one's skill**

Distorted Cognitions

- I can beat the house.

- I am close to a win.

- Superstitions are effective.

Quiz
Warning Signs at Work

The company discovers the individual using the _____ at work to gamble.

The individual is _____ _____ from co-workers.

The person is taking long _____ .

The individual asks for an _____ in pay.

He or she is organizing or taking excessive interest in office _____ .

Take Home Points

appreciate that PG is not simply a weakness of will power

Use at least one standardized tool when conducting your clinical assessment

Today's Talk

- Background

  Habit #1 : Understanding Definition, Symptoms, & Etiology

■ Clinical issues

  ❑ Habit #2: Use standardized measures when assessing

  ### Habit #3: Address co-existing disorders

  − Habit # 4: Intervention and treatment

Co-Existing Disorders

Increased Likelihood of Pathological Gambling when Other Disorders Present

Disorder	OR	95% CI	sig.
Major Depression	5.1	2.2 – 12.0	<.001
Any Anxiety Disorder	3.9	1.8 – 8.8	<.001
Any Impulse Disorder	4.0	1.7 – 9.1	<.001
Any Substance Use Disorder	7.2	1.6 – 32.8	<.001
1+ Disorder	3.4	1.1 – 10.6	<.01
2+ Disorder	5.3	1.9 – 14.9	<.001

PG and other disorders
(Kessler et al., 2008)

Disorder	Prevalence of disorder among those w/PG	Temporal Sequence among those with PG and other disorders		
		PG first	Other disorder 1st	Onset at same time
Any mood dis.	56%*	23%	65%	12%
Any anxiety dis.	60%*	13%	82%	4%
Any SUD	42%*	36%	57%	6%
Any impulse dis.	42%	0%	100%	0%

* Prevalence significantly greater among PGs compared to the rest of the sample ($p < .05$).

Issues When Treating the Dual Disordered Problem Gambler

Become fluent in the language of problem gambling

Have a separate support group to deal with gambling issues

Motivation level may not be the same for the problem gambler

Gambling can be a source of relapse

Take Home Points

- Appreciate that PG is not simply a weakness of will power
- Use at least one standardized tool when conducting your clinical assessment

You can do it! Apply your addiction counseling skills when working with a problem gambler.

Today's Talk

- Background
  - Habit #1 : Understanding Definition, Symptoms, & Etiology
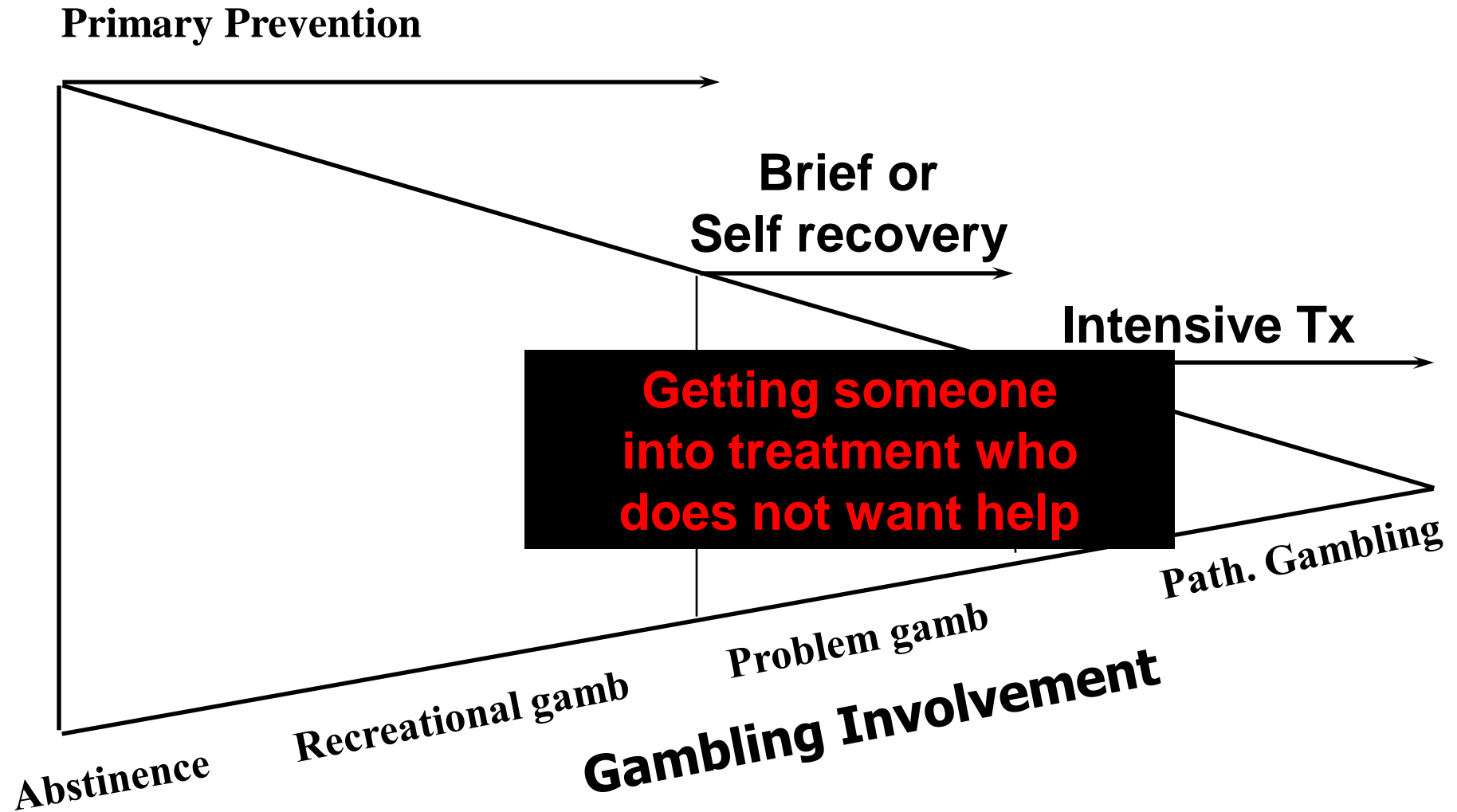
■ Clinical issues

  - Habit #2: Use standardized measures when assessing
  - Habit #3: Address co-existing disorders

Habit # 4: Appreciate that Interventions and treatment approaches can work

Treatment Continuum

Adapted from *Broadening the Base of Alcohol Treatment* (IOM)

Primary Prevention

Brief or
Self recovery

Intensive Tx

Getting someone into treatment who does not want help

Path. Gambling

Problem gamb
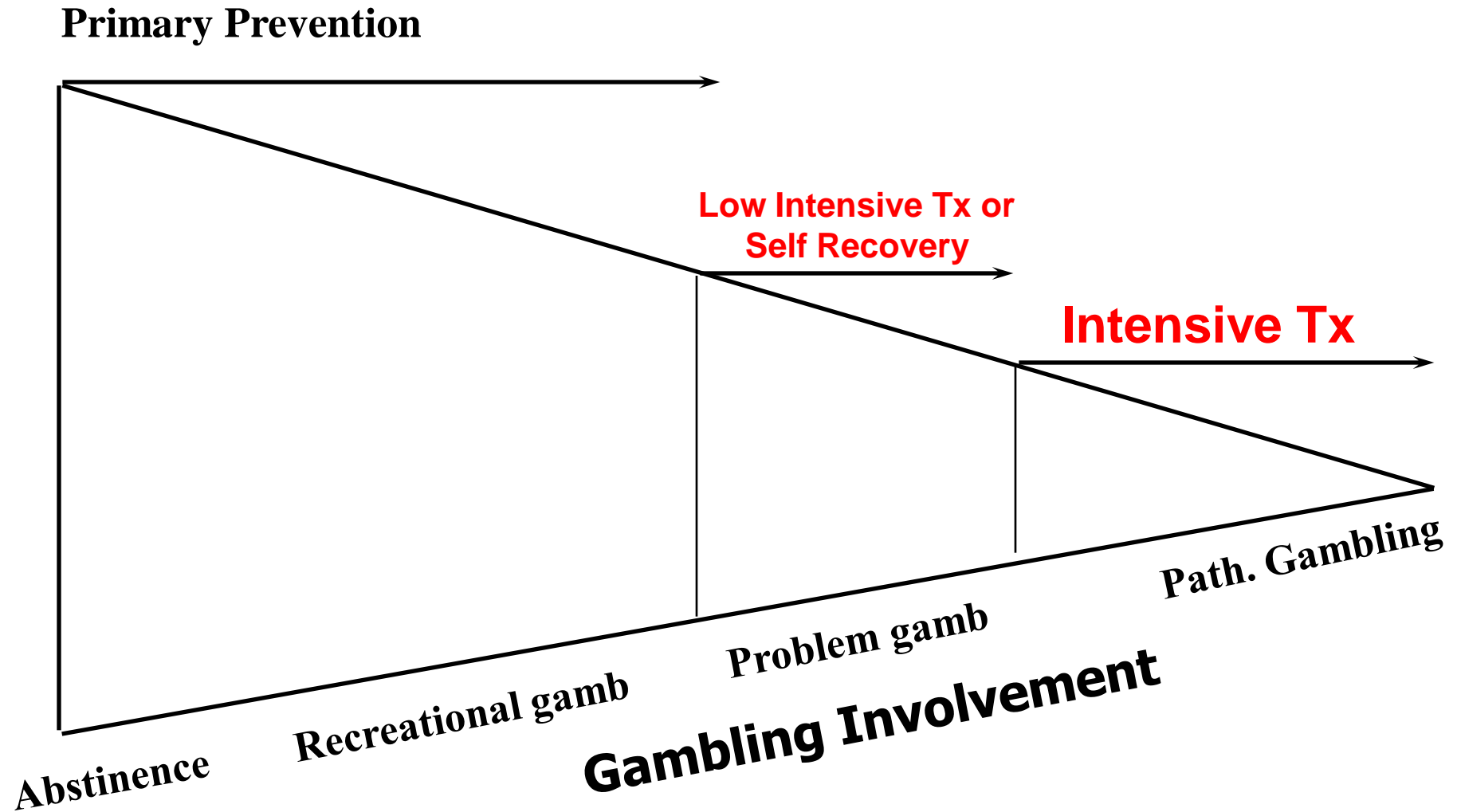
Recreational gamb

Gambling Involvement

Abstinence

Principles of an Intervention

- Meaningful persons are involved
- Each writes down specific facts about the events and behavior which are causing concern
- Each tells the individual how they feel about what is happening in their lives as a result of this behavior in a non-judgmental way
- Offer specific choices
- When the individual agrees to accept help, it is made available immediately

Treatment Continuum

Adapted from <u>Broadening the Base of Alcohol Treatment</u> (IOM)

Primary Prevention

Low Intensive Tx or
Self Recovery

Intensive Tx

Path. Gambling

Problem gamb

Gambling Involvement

Recreational gamb

Abstinence

What clinical characteristics of problem gambling would be consistent with a referral for intensive treatment?

Out of control gambling

Previously failed low-intensive tx

Severe comorbidity

Other? _____

Core Elements of Treatment

- Match treatment intensity to problem severity
- Crisis stabilization
- Correct distorted cognitions
- Address relationship to money
- Address guilt, shame
- Group therapy
- Individual counseling
- Relapse prevention
- Continuing care

Treatment Approaches

- Spirituality-based (12 Steps/GA)
- Cognitive-behavioral
- Psychopharmacological treatment
- Self-directed
- Self-banning
- Financial counseling

Treatment Approaches

- **Spirituality-based (12 Steps/GA)**
- **Cognitive-behavioral**
- **Psychopharmacological treatment**
- **Self-directed**
- **Self-banning**
- **Financial counseling**

Treatment Approaches

- **GA specific issues**
  - **GA meetings provide needed support for money management, debt and restitution**
  - **How suitable is an AA meeting for a recovering PG?**

Treatment Approaches

Spirituality-based (12 Steps/GA)

- **Cognitive-behavioral**

Psychopharmacological treatment

Self-directed

Self-banning

Financial counseling

Treatment Approaches

- **Cognitive - Behavioral:**

  1. **Motivational interviewing**
  2. **Cognitive restructuring**

Five principles of motivational interviewing

- **Express Empathy**
- **Avoid Argumentation**
  - Light confronting may be needed
- **Roll with Resistance**
- **Support Self-efficacy**
- **Develop Discrepancy**

(Miller and Rollnik)

Treatment Approaches

- **Cognitive - Behavioral:**

    1. **Motivational interviewing**

    2. **Cognitive restructuring**

2. Cognitive restructuring

Gambler fallacy's (illusion of control of random events)

Biased attribution that winnings are caused by one's skill

Cognitive - Behavioral Strategies

> insight about role of irrational thoughts

  teach replacement cognitions

> insight of functional role of gambling

Treatment Approaches

Spirituality-based (12 Steps/GA)

Cognitive-behavioral

- **Psychopharmacological treatment**

Self-directed

Self-banning

Financial counseling

Medications to Reduce Urge to Gamble

Naltrexone

Nalmafene

N-Acetyl Cysteine

Amino acid and precursor for glutathione synthesis

Glutamate release in the nucleus accumbens and glutamate's effects on dopamine (via the cystine-glutamate antiporters) involved in cocaine seeking behavior

NAC increases the activity of these antiporters

Treatment Approaches

Spirituality-based (12 Steps/GA)

Cognitive-behavioral

Psychopharmacological treatment

- **Self-directed**

Self-banning

Financial counseling

Treatment Approaches

Self-directed

- **Hodgins' program (U. of Calgary)**
  - Handbook mailed to problem gamblers

- **LaBrie's program (Harvard)**
  - Internet-based for problem gamblers

Treatment Approaches

Spirituality-based (12 Steps/GA)

Cognitive-behavioral

Psychopharmacological treatment

Self-directed

- **Self-banning**

Financial counseling

Treatment Approaches

Self-banning

- some venues (mainly casinos and some race tracks)
- written document prohibiting entrance
- some states: legal document with criminal consequences

Treatment Approaches

Spirituality-based (12 Steps/GA)

Cognitive-behavioral

Psychopharmacological treatment

Self-directed

Self-banning

- **Financial counseling**

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Quiz

- **If a nongambling spouse separates or divorces from the gambler, the spouse is not liable for the debts incurred by the gambler while they were married?**

  True _____

  False _____

- **Debts incurred by the gambler after divorce are solely the gambler's responsibility.**

  True _____

  False _____

Financial Strategies for the Client

Limiting access to money used to gamble

Establishing spending plan

- **Shifting control of finances to the nongambler**

Setting up repayment plan

Avoiding bankruptcy

Financial Strategies for the Client

Shifting control of finances

Gambler agrees to live on a weekly cash budget

- develop a spending plan

- cutting expenses (sources of "poor spending")

Nongambler

- pays the household bills

- is the only one with the new PIN on bank debit cards

- signs up for identity theft protection (e.g., LifeLock.com)

Valuables stored in safe-deposit box

— Legal transfer of assets

Financial Strategies for the Client

Limiting access to money used to gamble

Establishing spending plan

Shifting control of finances to the nongambler

Setting up repayment plan

- **Avoiding bankruptcy**

Financial Strategies for the Client

Avoiding bankruptcy

- Down sides
  - can be viewed as an easy way to bail out of debts
  - stains a person's financial record for years
- If only realistic solution, consult with bankruptcy lawyer
  - Chapter 13: workout plan
  - Chapter 7: sell personal property (not home); debt wiped out, with some exceptions

Quiz

■ **Which debts are <u>not</u> erased with a Chapter 7 bankruptcy? (there are 4)**

   a. back federal taxes

   b. back state taxes

   c. alimony

   d. child support

   e. federal student educational loans

   f. car loans

Financial Strategies for the Spouse/SO

Hide, cut up or cancel credit cards

Make sure this person is not a gambler and has good money management

On board with plans for "shifting control of finances" and "taking control of assets"

No more "bailouts"

Sidebar

Other ways a nongambler may "enable" a gambler:

- Protect the gamblers behavior
- Assumes responsibility
- Rationalize the gambler's self-deception
- Cooperates by joining in the gambling
- Rescues the gambler from emotional discomfort

Final Take Home Point

- Appreciate that PG is not simply a weakness of will power
- Use at least one standardized tool when conducting your clinical assessment
- Appreciate your training and skill level when faced with assessing and treating the various disorders that co-exist with PG

The treatment toolbox should include these skills:
cognitive-behavioral therapy
motivational interviewing skills
financial counseling

Comments and Questions

winte001@umn.edu